

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1992

Application or Docket Number

116019

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| FOR                              | NUMBER FILED | NUMBER EXTRA    |
|----------------------------------|--------------|-----------------|
| BASIC FEE                        |              |                 |
| TOTAL CLAIMS                     | 4            | 10 minus 20 = * |
| INDEPENDENT CLAIMS               | 2            | 7 minus 3 = * 5 |
| MULTIPLE DEPENDENT CLAIM PRESENT |              |                 |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE     | FEES     | RATE     | FEES     |
|----------|----------|----------|----------|
|          | \$355.00 |          | \$710.00 |
| x \$11 = |          | x \$22 = |          |
| x 37 =   | 185      | x 74 =   |          |
| + 115 =  |          | + 230 =  |          |
| TOTAL    | 540      | OR TOTAL |          |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL FEE |                   |
|--|---|---|------------------|----------------|-------------------|
|  |   |   |                  | RATE           | ADDITIONAL<br>FEE |
| Total  | * 48                                      | Minus                                       | ** 20 = 28       | x \$11 =       | 308.00            |
| Independent                                    | * 39                                      | Minus                                       | *** 7 = 32       | x 37 =         | 1184.00           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                  |                |                   |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE     | ADDITIONAL<br>FEE | RATE                       | ADDITIONAL<br>FEE |
|----------|-------------------|----------------------------|-------------------|
| x \$11 = | 308.00            | x \$22 =                   |                   |
| x 37 =   | 1184.00           | x 74 =                     |                   |
| + 115 =  |                   | + 230 =                    |                   |
| TOTAL    | 1492.00           | OR TOTAL<br>ADDITIONAL FEE |                   |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL FEE |                   |
|--|---|---|------------------|----------------|-------------------|
|  |   |   |                  | RATE           | ADDITIONAL<br>FEE |
| Total  | *   | Minus                                       | **               | =              |                   |
| Independent                                    | *   | Minus                                       | ***              | =              |                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                  |                |                   |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL FEE |                   |
|--|---|---|------------------|----------------|-------------------|
|  |   |   |                  | RATE           | ADDITIONAL<br>FEE |
| Total  | *   | Minus                                       | **               | =              |                   |
| Independent                                    | *   | Minus                                       | ***              | =              |                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                  |                |                   |

| RATE     | ADDITIONAL<br>FEE | RATE                       | ADDITIONAL<br>FEE |
|----------|-------------------|----------------------------|-------------------|
| x \$11 = |                   | x \$22 =                   |                   |
| x 37 =   |                   | x 74 =                     |                   |
| + 115 =  |                   | + 230 =                    |                   |
| TOTAL    |                   | OR TOTAL<br>ADDITIONAL FEE |                   |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNIT STATES PATENT & TRADEMARKS OFFICE  
Washington, D.C. 20231

84 10/93

Oct 94/02530/MC

REQUEST FOR PATENT FEE REFUND

JM 10/93

|  |                       |   |                 |
|--|-----------------------|---|-----------------|
| 1 Date of Request: <u>10/7/93</u>                          |                       | 2 Serial/Patent # <u>116019</u>   |                 |
| 3 Please refund the following fee(s):                      |                       | 4 PAPER NUMBER  | 5 DATE FILED    |
| <input checked="" type="checkbox"/> Filing                 |                       | <u>9-2-93</u>   | \$ <u>66.00</u> |
| <input type="checkbox"/> Amendment                         |                       |   | \$              |
| <input type="checkbox"/> Extension of Time                 |                       |   | \$              |
| <input type="checkbox"/> Notice of Appeal/Appeal           |                       |   | \$              |
| <input type="checkbox"/> Petition                          |                       |   | \$              |
| <input type="checkbox"/> Issue                             |                       |   | \$              |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. |                       |   | \$              |
| <input type="checkbox"/> Maintenance                       |                       |   | \$              |
| <input type="checkbox"/> Assignment                        |                       |   | \$              |
| <input type="checkbox"/> Other                             |                       |   | \$              |
|  |                       | 7 TOTAL AMOUNT OF REFUND  | \$ <u>66.00</u> |
| 8 TO BE REFUNDED BY:                                       |                       |   |                 |
| <input type="checkbox"/>                                   | Treasury Check        |   |                 |
| <input type="checkbox"/>                                   | Credit Deposit A/C #: | <u>9</u> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                 |
| 10 REASON:   |                       |   |                 |
| <input type="checkbox"/> Overpayment                       |                       |   |                 |
| <input type="checkbox"/> Duplicate Payment                 |                       |   |                 |
| 11 REFUND REQUESTED BY:                                    |                       |   |                 |
| TYPED/PRINTED NAME: <u>Carmencita Robinson</u>             |                       | TITLE: <u>Opp Eng</u>   |                 |
| SIGNATURE: <u>Carmencita M. Robinson</u>                   |                       | PHONE: <u>308-1203</u>  |                 |
| OFFICE: <u>OAR</u>   |                       |   |                 |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****       |                       |   |                 |
| APPROVED: <u>Jay Kurt</u>                                  |                       | DATE: <u>10/13/93</u>   |                 |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B